Criterion 2: Estimates of Prevalence and Treated Prevalence and Mental Health Systems Data

Quantitative population targets to be achieved through the implementation of the mental health system, including estimates of the numbers of individuals with severe mental illness in the state (or prevalence rates) and the numbers of such individuals served.

Introduction

Kentucky's earliest estimates of the prevalence of severe mental illness were based on national work. In 1980, the U.S. Department of Health and Human Services (USDHHS) estimated that 3.14 percent of the population had some level of mental disorder, and that 0.75 percent of the population had a mental disorder that causes prolonged disability.

With the passage in 1992 of P.L. 102-321, the Community Mental Health Services Block Grant, Congress required the Center for Mental Health Services (CMHS) to develop a national definition for “adults with severe mental illness.” CMHS was further required to develop an “estimation methodology” based on the definition that state mental health agencies must use to estimate needs in their state plans. While P.L. 102-321 limits CMHS Block Grant spending to persons who meet the federal definition, it does not require states to serve everyone covered by the definition. The federal definition of “adults with a severe mental illness” was published on May 20, 1993.

State Support

Early planning in Kentucky for adults with severe mental illness, using the 0.75 prevalence rate for adults with persistent disability, estimated that approximately 28,000 adults in Kentucky should be the priority population for services. Kentucky's mental health planning has historically focused on this subset of the population in development of its Community Support Services plan.

A work group comprised of consumers, family members, and providers reviewed the federal definition and Kentucky's statutory definition of “chronic mental illness”; its recommendations were reflected in Administrative Regulations published in 1994. The regulation provided for operational definitions of the target population of adults with severe mental illness consistent with national policy.

Kentucky’s definition of “adult with severe mental illness,” as currently operationalized, uses the following criteria for age, diagnosis, disability, and duration:

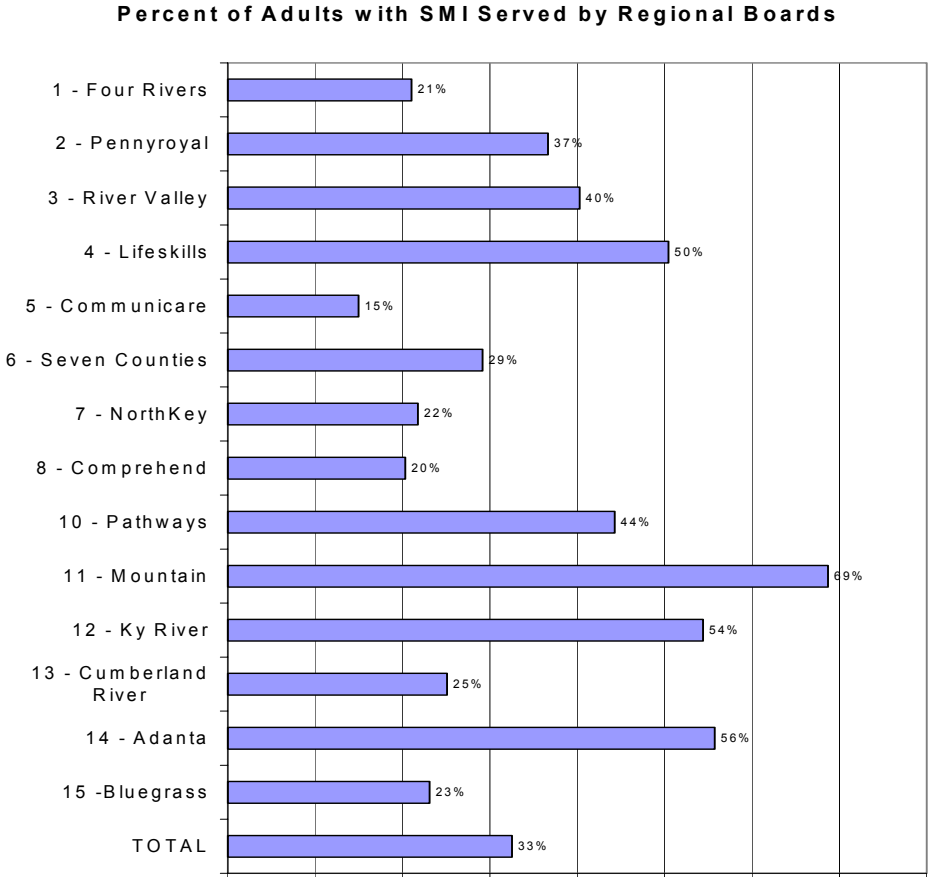
Criteria	Notes
AGE	❑ Age 18 or older
DIAGNOSIS	❑ Major Mental Illness • Schizophrenia (DSM 295.xx, 297.1, 298.9) • Mood Disorder (296.xx) • Other (DSM _____) within State and Federal Guidelines for Severe Mental Illness
DISABILITY	❑ Clear evidence of functional impairment in <u>two or more</u> of the following domains: • Societal/Role Functioning: Functioning in the role most relevant to his/her contribution to society and, in making that contribution, how well the person maintains conduct within societal limits prescribed by laws, rules and strong social mores. • Interpersonal Functioning: How well the person establishes and maintains personal relationships. Relationships include those made at work and in the family settings as well as those that exist in other settings. • Daily Living/Personal Care Functioning: How well the person is able to care for him/herself and provide for his/her own needs such as personal hygiene, food, clothing, shelter and transportation. The capabilities covered are mostly those of making reliable arrangements appropriate to the person's age, gender and culture. • Physical Functioning: Person's general physical health, nutrition, strength, abilities/disabilities and illnesses/injuries. • Cognitive/Intellectual Functioning: Person's overall thought processes, capacity, style and memory in relation to what is common for the person's age, gender, and culture. Person's response to emotional and interpersonal pressures on judgments, beliefs and logical thinking should all be considered in making this rating.
DURATION	❑ One or more of these conditions of duration: • Clinically significant symptoms of mental illness have persisted in the individual for a continuous period of at least two- (2) years. • The individual has been hospitalized for mental illness more than once in the last two- (2) years. • There is a history of one or more episodes with marked disability and the illness is expected to continue for a two-year period of time.

Kentucky's definition is somewhat narrower than the definition promulgated in the federal register for "Adult with Severe and Persistent Mental Illness." Historically, stakeholders have supported the Department's desire to focus limited funding on adults who meet the state's narrower definition.

The 1999 federal methodology for estimating adults with serious mental illness requires states to use the national estimate of 5.4 percent for the prevalence of adults with severe mental illness, and a rate of 2.6 percent for adults with severe and persistent mental illness (SPMI).

The following table uses the federal SPMI prevalence rate and 2000 census data to estimate, by mental health region, the number of Kentucky adults with SPMI using the federal definition. That estimate is compared to the number of unduplicated adult clients with severe mental illness served by the Regional MH/MR Board during SFY 02. A resulting regional penetration rate is calculated.

Regional MH/MR Boards	Adult Census 2000	Federal SPMI Estimation	Kentucky SMI Adults Served	Penetration Rate
Four Rivers	157,510	4,095	861	21%
Pennyroyal	154,361	4,013	1,471	37%
River Valley	155,001	4,030	1,623	40%
Lifeskills	193,083	5,020	2,532	50%
Communicare	177,804	4,623	692	15%
Seven Counties	654,224	17,010	4,959	29%
NorthKey	286,137	7,440	1,618	22%
Comprehend	41,452	1,078	219	20%
Pathways	162,796	4,233	1,874	44%
Mountain	121,476	3,158	2,170	69%
Kentucky River	91,201	2,371	1,290	54%
Cumberland River	177,872	4,625	1,160	25%
Adanta	147,152	3,826	2,132	56%
Bluegrass	526,882	13,699	3,163	23%
TOTAL	**3,046,951**	**79,221**	**25,764**	**33%**



Regional Roll-Up

A review of the information from the SFY 04 regional plan reveals that:

- All fourteen regions described their process for coding SMI.
- Seven (or one-half) regions exhibit variances of more than one standard deviation from the statewide average (penetration rate).

Trends/Challenges

From the wide variation of penetration rates, it is evident that the SMI marker in the KDMHMRS data set is not consistently applied. The Department has an interest in applying a consistent definition of "adults with severe mental illness" to improve the quality of information on this priority population. Accuracy of coding is monitored by medical record reviews during periodic Status Assessments of mental health services provided by Regional MH/MR Boards.

In addition, statistical indicators that rely on the number of adults with an SMI marker are increasingly used to assess performance and outcomes. As a result, Regional MH/MR Boards and the Department are increasingly interested in the consistent and accurate use of the marker in their data sets.

Strategies

As the KDMHMRS moves toward the use of performance indicators and performance contracting, the issue of identifying individuals with severe mental illness in clinical records and in the client data set becomes increasingly important. Regional MH/MR Boards have adopted a number of strategies to more accurately identify individuals as meeting the KDMHMRS definition of severe mental illness. These include:

- Increased training of clinicians
- Routine chart reviews
- Changes in intake and update procedures

Performance Indicators

One indicator has been selected to measure the performance of regional systems of care:

- *Penetration Rate*: A measure of the percent of adults with severe mental illness who received community mental health services.

See Appendix A: Performance Indicators.

Objectives

Each Regional MH/MR Board identified a Plan for Development for this area in their Plan and Budget submission for SFY 04.

Region	Plan
1	Continue to strive to keep the penetration rate within acceptable limits, despite lack of funding increases to keep pace with increasing costs.
2	Review Pennyroyal Center's process for coding individuals as SMI and train clinicians and support staff to understand coding. At least two trainings will be held this next fiscal year.
3	Train business office staff on proper coding of priority population.
4	Continue improved contact with SMI population through Continuity of Care Coordinator position.
5	Maintain penetration rate within one standard deviation of statewide average.
6	SCS will maintain current prevalence penetration rate.
7	The annual psychosocial update form will be modified to include a check off for SMI status on every adult services client. A method will be developed for making certain that these updates are corrected in the master file. This will allow for a more accurate count of the SMI clients being served.
8	Increase SMI penetration rate to 25% in FY 2004.
9/10	Continue to train in the area of SMI.
11	Recruit and train at least 2 adult Case Managers to meet the needs of SMI population.
12	Should additional resources become available, KRCC will expand efforts to identify clients with serious mental illness by hiring additional staff to monitor the number of clients who receive the designation seriously mentally ill if KRCC participates in the Kentucky Medication Algorithms Project.
13	The data regarding the SMI Prevalence rate indicate the quarterly review process has been successful. Based on the process improvement, the agency will continue quarterly review of clients who meet the SMI Guidelines comparing those who have been identified on the Minimum Data Set. This objective will be done quarterly through June 30, 2004.
14	Organization is above statewide penetration rate. Maintain current level of care.
15	Continue at or above current penetration rate.

- **Objective A-2-1: Continue to collaborate with Regional MH/MR Boards in exploring their processes for accurately and consistently identifying adults with severe mental illness who receive community mental health services.**

Comments of the Mental Health Services Planning Council

No comments.